



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CREDIT COUNSELING ORGANIZATION LICENSE APPLICATION

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 through - 122.

www.sccconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

See Application Instructions. **Please Type or Print Legibly in Ink.** Attach additional page(s) as necessary.

GENERAL INFORMATION

1. Full Name of Credit Counseling Organization (applicant): _____

Federal Tax ID No.: _____ *(Sole proprietors without employees disregard)*

Trade Name – d/b/a: _____

2. Applicant's Contact Person: _____

3. Business Headquarters Address: _____
(Street Address)

(City) (State) (Zip Code) (County)

Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)

4. Telephone Number: () - Fax Number: () -

5. Website Address: _____

6. E-Mail Address: _____

7. LOCATIONS: List all locations within South Carolina and all locations outside the State that are soliciting or contracting with debtors located in South Carolina. (Attach Additional Page(s) as Necessary)
NOTE: Supplemental Form B must be completed for each location.

Address	Phone Number	Manager
	() -	
	() -	
	() -	

8. Current Business Type and Services Offered:

☐ Non-Profit

☐ For Profit

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation

(Attach a copy of the agreement, Articles of Incorporation, or Articles of Organization as applicable)

☐ Debt Management Plans ☐ Credit Repair Services ☐ Debt Negotiation/Settlement

(Last)	(First)	(Middle)
(City)	(State)	(Zip Code)

NOTE: Every owner, partner, member, officer, or director must be listed and complete a separate Supplemental Form A.

Name	Title	Percentage of Ownership (If Any)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

[illegible]

13. Is the applicant currently conducting its credit counseling business in South Carolina? YES NO
☐ ☐

15. Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency? ☐ ☐

If yes, attach complete details of the refusal, suspension, or revocation.

16. Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates? ☐ ☐

If yes, attach complete details of the event.

17. If the applicant or any of its affiliates conducts a credit counseling business in other states, provide the following information. Also indicate any states in which applications are pending.

State	Name of Company	Date of Initial Registration/Licensing	Registration/License Number	Number of Years in Operation

18. OTHER ATTACHMENTS: Please use the checklist below to verify your application is complete.

Incomplete information could result in delay or denial of your application.

- ☐ \$100 Application/Renewal Fee per location
- ☐ \$50 One-time Investigation Fee
- ☐ A properly executed Surety Bond issued by a company authorized to transact business in South Carolina to the South Carolina Department of Consumer Affairs in an amount that equals or exceeds the total amount of south Carolina clients' funds in the applicant's/licensee's trust account at the time of application/renewal. This bond must at least be in the amount of twenty-five thousand dollars (\$25,000).
- ☐ Financial Statements for the applicant as of the most recent fiscal year. Personal financial statements of every owner, partner, member, officer, and director of the applicant may be substituted for **new** company statements. ("New" being a company in business for less than one year.)
- ☐ A description of the organization's Consumer Education Program.
- ☐ A copy of the organization's standard Agreement/Contract.
- ☐ A copy of the organization's Budget Analysis Form, if applicable.
- ☐ A copy if the organization's Creditor Consent Form, if applicable.
- ☐ A copy of the organization's Fee Schedule.
- ☐ Supplemental Form A for every owner, partner, member, officer, and director of the applicant listed in Question #11.
- ☐ All individuals listed in Question #11 Requested Criminal Records Checks, unless otherwise noted.
- ☐ All individuals listed in Question #11 Requested or Obtained Personal Current Composite Credit Reports, unless otherwise noted.
- ☐ Supplemental Form B for every location listed in Question #7.
- ☐ A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable.
- ☐ Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership. (i.e. certified copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina). *Copies of Articles or Certificates of Existence may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158*
- ☐ A copy of the organization's IRS Exemption Letter, if a non-profit entity.

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20 ____

Signature of person completing the form

Notary Public For: _____

Type or Print your name and Business Relationship or Title

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.

Street Address

City

State

Zip Code

Telephone Number: () - _____

E-Mail Address: _____